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CONFIRMATION NO. 2699

SERIAL NUMBER 10/796,224	FILING OR 371(c) DATE 03/09/2004 RULE	CLASS 206	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. 040094
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APPLICANTS
 William B. Snyder, Wrightsville, PA;
 LWB

**** CONTINUING DATA *******
 This appln claims benefit of 60/453,297 03/10/2003
 NONE

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 05/27/2004

**** SMALL ENTITY ****

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>LWB</u> Initials	STATE OR COUNTRY PA	SHEETS DRAWING 11	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 3
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ADDRESS
23464

TITLE
Medication package and method

FILING FEE RECEIVED 655	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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